FOR BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE	LICATION AS FILED -	or Form PTO-875					'YP910'	ough 7/31/20 DEPARTMEI Lays a valid C	Bhlumba	riumper.
BASIC FEE (37 CFR 1.16(8), (b), or (c)) SEARCH FEE	(Column 1)	PARTI					412	LXU-	153	13
(37 CFR 1.16(8), (b), or (c))	NUMBER FILED	(Column 2)	SMALL ENTITY		TTY	OR	OTHER THAN SMALL ENTITY			
/17 000 (10==	- Inco	NUMBER EXTRA	RATE (\$)		<u> </u>	FEE (\$)		RATE (\$) FEE (\$)		
(37 CFR 1.16(k), (i), oi (m)) EXAMINATION FEE			1						17	0.00
(37 CFR .1.16(o). (p). or (q)) TOTAL CLAIMS (37 CFR 1.16(i))	20				_				1/31	1.00
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 20 = .	-0		х .	: =		OR	×	+	
APPLICATION SIZE	If the specification and d	frawings exceed 100	- -	x	2				=	
(37 CFR 1.1G(s))	is \$250 (\$125 for small e	entity) for each							+-	-
MULTIPLE DEPENDENT C	35 U.S.C. 41(a)(1)(G) an	id 37 CFR 1.16(s).	1							
· If the difference in column	t is less than zero, enter '0" in	0 (setum : 1)] [1		-	
9-9-011	ION AS AMENDED - F	PART II		TOTAL			<u> </u>	TOTAL		
CL	AIMS I	urnin 2) . (Column 3)		Shanii	5			<i>a</i> . = .		7
REM REM	TER PREVIO	BER PRESENT	R	RATE (\$)	ENTITY		OR 	SINALL	R THAII ENTITY	
O todenervien	8 Minus 28	FOR =			TION	la i		RATE (\$)	ADDI: TIONA	. 1
Application Size Fee (37	Minus W	- 6	×		 	0	R X		FEE (\$	
	MULTIPLE DEPENDENT CLAIM			-		- 0	۲ <u>×</u>			
1/4/1-		(17 CFR 1.16())	TOT	A1		Or	, -			=
(Colum	(Colun	nn 2) (Column 3)	ADD	LFEE		OR	TO	TAL		=
REMAIL	MING HIGHE	ST	RAT	TE (5)				·		7
(37 CFR 1.166))	Minus PAID FC	OR - CATRA	_	-(0)	TIONAL FEE (\$)	. •	R	√τ∈ (\$)	ADDI: TIONAL	7
Application Size Fee (87)	Minus	no	×	=		OR	Z.		FEC (1)	؍ ا
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT CLAIM ((1) (50)	×			OR	×	=		1
	-,				_	OR		1		1
Tite Highest Number Dear	ess than the entry in column 2, wously Peid For IN THIS SPA fously Peid For IN THIS SPA pusly Peid For (Total or Indep	Co. 10 1035 Inan 20, ente	TOTAL	FIFE _		OR	TOTAL	FEE		
O to process) an application of gallering property	juired by 37 CFR 1.16. The li Confidentiality is governed	endent) is the highest out information is required to	umber for	and in the a	appropria	e box in co	dunin 1			
ademark Office, U.S. Departm SS. SEND TO: Commiss	uired by 37 CFR 1.16. The incommendation of the confidentiality is governed by submitting the completed application of the complete this form and/or suggested to Commerce, P.O. Box 1 sioner for Patents, P.O. Evou need assistance in complete the complet	icalion form to the USPT ggestions for reducing th 150, Alexandria VA 22	CFR 1.14 O. Time is burden	This colle will vary do	epending epending	oy the pub stimated to upon the i	lic which lake 12 ndividual	is to file (an	d by the omplete.	
	rou need assistance in comple	10v 14co *** *** ***	/ IJ-145N							

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.